Pride in Parenting Home Visit Report Form

			.,		2010								
	mm/dd/yy										mm/d	d/yy	
lay's	ay's Date: mm/dd/yy				Period Covered:				to			mm/dd/yy	
			mm/aa/yy										n/au/yy
nth:	1	2	3	4	5	6	7	8	9	10	11	12	
				,									
	How r	nany tim	es did yo	u (or and	other PS	S/IDS) VIS	sit the mot	ther at h	er home o	or somew	here els	e during th	is month?
	1a.	How r	many of t	hese hor	ne visits	were nor	n-curriculu	ım relate	ed?		_		
	Did vo	ou have a	any diffici	ıltv sche	dulina ha	me visits	during th	is month	1?				
	•		•	•	Ū	o violo	adining til	.5 11101101					
						O TO Q7	7)						
					,		•						
	How r	many tim	es was th	e mothe	r not hor	ne when	you arrive	ed for a h	nome visit	during th	nis month	1?	
	(IF 00 TIMES, GO TO Q4)												
	3a. Pl						e for the h	ome visi	t appointr	nent(s)?			
		(CIR	CLE ALI	_ THAT	APPLY)							
	Competing appt. that mom hadn't remembered										2		
			•	•	ties								
		,											
		Don't	Know/PS	SS could	not conta	act					5		
		Other	(SPECIF	-Y)						· · · ·		. 6	
	How r		es did the				sit appoin		uring this	month?			
	How r		es did the	e mother	cancel a		sit appoin		uring this	month?			
		many tim		e mother	cancel a	a home vi	sit appoin	tment du	-		IAT AP	PLY)	
		many time	— icate why	e mother (IF 00) The mot	cancel a	a home vi	sit appoin O Q5) appointm	tment du	(CIRCLE	E ALL TI		PLY)	
		ease indi	icate why	(IF 00 the mot	cancel a TIMES her cancumon hadr	a home vi S, GO TO relled the	sit appoin O Q5) appointm abered	tment du	(CIRCLE	E ALL TI	. 1	•	
		ease indi	icate why eting app up w/ othe	e mother (IF 00 the motot, that mer prioriti	cancel a TIMES her canculation hadres	a home vi	sit appoin O Q5) appointm bered	tment du	(CIRCLE	E ALL TI	. 1	2	
		ease indi Comp	icate why beting app up w/ other	e mother (IF 00 the motot, that mer prioritirs ick	cancel a D TIMES her canculation hadries	a home vi	sit appoin O Q5) appointm abered	tment du	(CIRCLE	E ALL TI	. 1	•	

5. How many times did you have difficulty or were you unable to contact the mother to schedule a home visit appointment during this month?

(SPECIFY)_

a. Housing 0 1 2 3 4 5 b. Food 0 1 2 3 4 5 c. Child Supplies 0 1 2 3 4 5 d. Health Care 0 1 2 3 4 5 e. Insurance 0 1 2 3 4 5 f. Financial needs .0 1 2 3 4 5 g. Utilities .0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5		(IF 00 TIMES, GO TO Q6)										
Tied up w/ other priorities 2	Y)	HAT APPLY	5a. Please indicate why you had difficulty contacting the mother? (CIRCLE ALL THAT APF									
How many times did the mother refuse a home visit during this month? (IF 00 TIMES, GO TO Q7) 6a. Please indicate why the mother refused the home visit(s)? (CIRCLE ALL THAT APPLY) Competing appt. that mom hadn't remembered 1 Tied up w/ other priorities 2 Baby or mother sick 3 No reason given 4 Don't Know/PSS could not contact 5 Other (SPECIFY) 5 How many times did the mother visit you at the hospital during this month? How many telephone contacts did you have with the mother during this month? Please indicate the number of times each of the following concerns were identified with the mother during that occurred during this month. a. Housing 0 1 2 3 4 5 b. Food 0 1 2 3 4 5 c. Child Supplies 0 1 2 3 4 5 d. Health Care 0 1 2 3 4 5 d. Health Care 0 1 2 3 4 5 f. Financial needs 0 1 2 3 4 5 g. Utilities 0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 i. Child Behavior 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5	3		Tied up w/ other priorities Baby or mother sick No reason given									
Competing appt. that mom hadn't remembered		·										
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Tied up w other priorities 2 Baby or mother sick 3 No reason given 4 Don't Know/PSS could not contact 5 Other (SPECIFY) 6 How many times did the mother visit you at the hospital during this month?		APPLY)	6a. Please indicate why the mother refused the home visit(s)? (CIRCLE ALL THAT APPLY)									
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b. Food 0 1 2 3 4 5 c. Child Supplies 0 1 2 3 4 5 d. Health Care 0 1 2 3 4 5 e. Insurance 0 1 2 3 4 5 f. Financial needs .0 1 2 3 4 5 g. Utilities .0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5	luring home vis	Please indicate the number of times each of the following concerns were identified with the mother during										
b. Food 0 1 2 3 4 5 c. Child Supplies 0 1 2 3 4 5 d. Health Care 0 1 2 3 4 5 e. Insurance 0 1 2 3 4 5 f. Financial needs .0 1 2 3 4 5 g. Utilities .0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5		5	4	3	2	1	0	Housing	a.			
d. Health Care 0 1 2 3 4 5 e. Insurance 0 1 2 3 4 5 f. Financial needs .0 1 2 3 4 5 g. Utilities .0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5		5	4	3	2	1	0	Food	b.			
e. Insurance 0 1 2 3 4 5 f. Financial needs .0 1 2 3 4 5 g. Utilities .0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5		5	4	3	2	1	0	Child Supplies	C.			
f. Financial needs .0 1 2 3 4 5 g. Utilities .0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5		5	4	3	2	1	0	Health Care	d.			
g. Utilities .0 1 2 3 4 5 h. Transportation 0 1 2 3 4 5 i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5		5	4	3	2	1	0	Insurance	e.			
h. Transportation		5	4	3	2	1	0	Financial needs	f.			
h. Transportation 0 1 2 3 4 5 i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5		5	4	3	2	1	0	Utilities	g.			
i. Child Care 0 1 2 3 4 5 j. Child Behavior 0 1 2 3 4 5 k. Educational/Vocational 0 1 2 3 4 5		5	4	3	2	1			ĥ.			
j. Child Behavior			4			1	0	Child Care				
k. Educational/Vocational			4			1			i.			
			4			1			k.			
I. Emotional			-			1						
m. Family Conflict						1						
n. Abuse/Neglect						1						
o. Substance Abuse			•			1						
p. Other 0 1 2 3 4 5						1						

10.	Which of the following referrals were recommended to the mother during home visits or phone calls that occurred during thi month? (CIRCLE ALL THAT APPLY)									
	a.	None	0							
	b.	AFDC	1							
	C.	Medicaid	2							
	d.	WIC	3							
	e.	Food stamps/supplemental	4							
	f.	Housing	5							
	g.	Pediatric Care	6							
	h.	OB/GYN Care	7							
	i.	Counseling	8							
	j.	Visiting Nurse	9							
	k.	Other home visitor	10							
	I.	Substance abuse treatment	11							
	m.	Job Training/school	12							
	n.	Support Group	13							
	0.	Daycare/early intervention	14							
	p.	Other (SPECIFY) 15								
11.	a. b.	th of the following NEW services did the mother receive during this month None	0							
	C.	Medicaid	2							
	d.	WIC	3							
	e.	Food stamps/supplemental	4							
	f.	Housing	5							
	g.	Pediatric Care	6							
	h.	OB/GYN Care	7							
	i.	Counseling	8							
	j.	Visiting Nurse	9							
	k.	Other home visitor	10							
	l.	Substance abuse treatment	11							
	m.	Job Training/school	12							
	n.	Support Group	13							
	0.	Daycare/early intervention								
	p.	Other (SPECIFY) 15								
12.	How	would you rate the mother's level of cooperation for this month's Home Vi	sits?							
		d 1								
		2								
	Poor	3								

Subject ID Number: AFFIX LABEL HERE Page 4 of 4

ASK QUESTION 13 ONLY AT 4 - 12 MONTHS

13.	How many Infant Development Playgroups/Parent Support Groups did the mother attend this month?
	(Use time period indicated on Page 1.)

0 1 2 3

- * IF ATTENDED 0 PLAY/SUPPORT GROUPS, STOP HERE (DO NOT COMPLETE 13a-13c).
- * IF ATTENDED ONLY 1 PLAY/SUPPORT GROUP, COMPLETE 13a.
- * IF ATTENDED 2 PLAY/SUPPORT GROUPS, COMPLETE 13a AND 13b.
- * IF ATTENDED 3 PLAY/SUPPORT GROUPS, COMPLETE 13a, 13b, AND 13c.

13a. How many mothers (including this mother) were present at the 1st Play/Support group?
13b. How many mothers (including this mother) were present at the 2nd Play/Support group?13c. How many mothers (including this mother) were present at the 3rd Play/Support group?
Home Visitor's Initials:
Figure visitors mittals
Project Coordinator's Signature:

Date: _____